IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Samir M. Hanash and Hong Wang for Multidimensional Protein Separation System.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date October 15, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL 992 784 880 US addressed to: Box Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Janufue B. Xistrie

1. Type Of Application

This new application is for a(n)

☑ Original (nonprovisional)

2. Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

26 Pages of Specification

5 Pages of Claims

Page of Abstract

11 Sheets of Formal Drawings

3. Declaration

Enclosed

Unexecuted.

4. Inventorship Statement

The inventorship for all the claims in this application is:

the same

5. Language

English

- 6. Fee Calculation (37 C.F.R. § 1.16)
 - Regular application

CLAIMS AS FILED

	2				<u> </u>		
		Nu	mber Filed	Number Extra	Råte	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))	
Total Claims (37 C.F.R. § 1.16(c))			1.16(c))	33 - 20 =	13 × \$18.00 =	\$234.00	
Indep	endent Cla	aims (37 C.	F.R. § 1.16(b))	3 - 3 =	0 × \$86.00 =	\$0.00	
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))				+ \$290.00 =		\$0.00	
_				Fili	ing Fee Calculation	\$1004.00	
7.	Small Entity Statement(s)						
	×	Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.					
				Fi	ling Fee Calculation (50	0% of above) \$502.00	
8.	Fee Payment Being Made At This Time						
	×	Enclose	ed				
		×	basic filing fee			\$502.00	
				To	tal Fees Enclosed	\$502.00	

PATENT

Attorney Docket No.: UM-08410

9.	Method	of Payment of Fees			
		Check in the amount of \$502.00			
10.	Authorization To Charge Additional Fees and Credit Overpayment				
	×	The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.			
11.	Power o	Power of Attorney by Assignee			
	×	Enclosed (unexecuted)			
12.	Return	Return Receipt Postcard			
	×	Enclosed			
Dated:		October 15, 2003			
		Tanya A. Arenson Registration No.: 47,391			

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Statement Where No Further Pages Added

This transmittal ends with this page.